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ABSTRACT

This study evaluated the effects of Integrative Gestalt Therapy on the intellectual aspects of social competence in 13 children, ages 7 to 11, living in Zagreb, Croatia. These children had intellectual disabilities (IQ 54 to 84) as well as psychological and/or behavior problems. Integrative Gestalt Therapy emphasizes the wholeness of a person's body, intellect, and soul in the social and ecological environment in which the individual is embedded. Subjects were given the American Association of Mental Deficiency (AAMD) Adaptive Behavior Scale (Part I), which measures acquisition of daily life skills and habits in 10 areas. The AAMD Scale was translated into Croatian, adapted, and standardized. Subjects received weekly 90-minute sessions for one school-year of integrative group therapy, which had the basic aim of encouraging the process of maturation. Results indicated that children receiving the therapy program made significant progress in the intellectual aspects of social intelligence when compared with the normative sample. (Contains 21 references.) (DB)

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The Influence of Integrative Gestalt Therapy on Acquisition of Daily Life Skills and Habits

Abstract: The efficiency of Integrative Gestalt Therapy on decrease of undesired types of behaviour measured by the AAMD scale (Part two) in children with intellectual disabilities has been demonstrated in the authors' earlier works. The object of this work is to state the effects of the same therapeutic method on the intellectual aspects of social competence in the children with difficulties, measured by the AAMD scale (Part one). Integrative Gestalt Therapy emphasises the wholeness of the persons body, intellect and soul in the social and ecological environment to which is the person undividebly linked. It is a multidimensional and multimodal method, a method that causes changes on different levels, changes of physical, social-interactive and cognitive structure. Integrative Gestalt Therapy has been applied as a group therapy during a period of one year on 13 children with intellectual disabilities, aged between 7-11 years. The participants have been chosen primarily for their record in psychological problems and undesired behaviour. As the samples in question were dependant the analysis of change of a sample of participants described by the set of quantitative variables in the initial and final state - component model was applied. Results show statistically significant progress in the intellectual aspects of social intelligence.

1. Introduction

Daily life skills and habits will in this work be examined in the system of Greenspan model of general competence (Greenspan & Granfield, 1992). In this model, competence has two main categories: *social competence and instrumental competence*, both of which have intellectual and non-intellectual components. Persons with mental retardation show considerable deficits in the intellectual field, more specifically on the fields of practical and social intelligence (intellectual aspects of social competence), as well as conceptual intelligence and information processing (intellectual aspects of instrumental competence).

As the successful socialisation and adaptation can partially amend for the conceptual intelligence and information processing dissability, the numerous researchers concentrated on the problem of social behaviour, often in the framework of the social competence (Hogg & Mittler, 1983; Grossman, 1983; Gresham & Reschly, 1987; Guralnik, 1989; Guralnik, 1990). Speaking about social competence the authors stress its different components, as the adequacy of social behaviour regarding the norms of the social

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community which manifests itself in adaptive behaviour and social skills; existence or non-existence of relations with peers; registration of some specific asocial behaviours; behaviour estimates by adults and peers, as well as the self-perception of own competence.

In Greenspan model, social competence consists of practical and social intelligence (intellectual aspect) and personality characteristics of temper and character (non-intellectual aspect). The acquisition of daily life skills and habits is an indication of the development level of practical intelligence. This is a well known and accepted among the researchers in the field of mental retardation. Daily life skills and habits are commonly measured by the adaptive behaviour instruments. AAMD scale of adaptive behaviour Nihire and col. (Igrić, Fulgosi-Masnjak, 1991) is mostly used in Croatia.

Researching the differences in level of adaptive behaviour (AAMD Part I) between pupils with and without mental retardation, Igrić and Z. Stančić (1990) have found great imbalance in acquisition of daily life skills and habits in all areas and especially in the use of money and in communication, i.e. in areas requiring higher level of cognitive function. Igrić and Žic (1992) however, showed that, according to the parents' estimates, in the majority of aspects of adaptive behaviour children with learning disability attain similar level of social adaptation to that of children without development difficulties. This is especially the case in the areas of physical development, social interaction, independence, responsibility and household activities. The lowest level of adaptive behaviour in children with learning disability has been found in the use of money, numbers and time, as well as in communication.

A number of research projects carried out in Croatia dealt with determinants of adaptive behaviour, such as institutionalisation and type of education. In comparison with social adaptation in adolescents (Mavrin-Cavor, 1986; after Igrić, Fulgosi-Masnjak, 1991) mildly, moderately and severely mentally retarded raised in own families showed greater ability to adopt skills and habits of daily life (AAMD, Part I) then their peers raised in an institution.

The greatest factor of the increase of competence was the participants age (Igrić, 1990), which agrees with Shroader (1978) and Maista and col. (1978; after Igrić, 1990) results. The type of education (boarding vs. not-boarding) has not shown to be an important factor in acquisition of daily life skills and habits.

Based on these results, the conclusion can be made that the pupils with learning disability, attending regular schools attain similar levels of adaptation in majority of skills and habits of daily life as their peers without difficulties. This, however, raises the issue of behaviour disorders and emotional difficulties and their influence of the level of acquisition of skills and habits of daily life in these pupils, and possible effects of psychotherapy of the development of practical intelligence.

The interest for psychotherapeutical approach to persons with mental handicap is on the increase. The importance of psychodinamically orientated concepts for the understanding of behaviour and psychiatric disorders in persons with mental handicap as well as for their therapy is already well known (Gaedt, 1995; Frankish, 1989, 1992; Došen, 1990, 1993). The request is more and more present for an integral and integrative approach in therapy, not confined solely to the reality of the psyche but also seeking to reach the physical, spiritual, social and ecological dimensions of a person.

This is the therapeutical approach of Integrative Gestalt Therapy. This work will show the results of application of the Integrative Gestalt Therapy on development of practi-

cal intelligence. Integrative Gestalt Therapy is applied mainly with the purpose of decreasing the behaviour disorders, psychological disturbances and emotional difficulties, all of which appear more frequently in the population of mentally retarded, then in averigely developed, as authors point in their previous work (Igrić, Žic, Nikolić, 1995).

Hilarion Petzold has introduced "integrative therapy" in the early sixties. This therapy can be understood as a extension of gestalt therapy with the incorporation of other elements (active psychoanalysis, psychodrama, body therapy) or as an entirely new method which includes gestalt therapy. (Perzold, 1988).

The therapy takes a person as a whole, in its constant interaction with the surrounding systems, so interventions directed primarily towards emotional reactions influence affective area, but also areas of behaviour and learning. The person is a living system marked by its identity, based on which he/she establishes relations with other systems. By his/her contacts with environment the person experiences his/her personality and individuality.

Therapy work is concerned with the unmasking and elimination of sense-lessness in the person's individual and social reality, the constitution of meaning in intra-organismic, intra-personal and inter-personal relations as well as in relations with the immediate and wider social and physical environment. Therapy contributes to the acticualtion of sense in the daily life situations. Here sense is not regarded as an universal and absolute truth, but consists of the person's perceiving, acting, feeling and thinking, emnbedded in experiences and relationships.

Petzold (1988) stresses close connection between a person and environment, as disturbed environment always disturbs biological organism, as well as sensitive body subject (Leib-Subject) and deforms its inner structure. Every influence, whether in the form of interaction with systems in the environment or with connected elements of inner strucure, results in multiple consequences (number of whom equals the number of existing connections). The person whose connections to the environment are disturbed will experience the disturbances in physical, emotional and spiritual level, which can manifest themselves in different intensity and in different areas (Petzold, 1988). On the basis of these anthropological premises, all therapy, psychotherapy, nootherapy, sociotherapy and ecotherapy simultaneously.

In integrative therapy the elements of behaviour therapy, psychoanalysis and gestalt therapy are present. It is based on hermeneutic, theoretical gestalt and systematic theoretical approach, incorporated in such a way that theoretical and methodological characteristics are preserved. This content of integrative therapy enables complex insight and different action possibilities. Different methods consist of different diagnostic methods and different therapeutical methods, connected respectively by the principle of synoptic (common view-point) and the principle of synergy (common action). (Petzold, 1988)

2. Object and Hypothesis

The object of this work is to state the level of acquisition of daily life skills and habits in the group of pupils with learning disability, who show behaviour disorders and to

find whether group work on principles of integrative gestalt therapy stimulates development of practical intelligence i.e. skills and habits of daily life.

In accordance with this object, the hypothesis has been set as follows:

H-1: After application of the group integrative gestalt therapy in a group of pupils with learning disability showing behaviour disorders a statistically relevant improvement of the level of acquisition of daily life skills and habits is observed.

3. Methods

3.1. Sample

The sample included 13 children (9 boys and 4 girls) with learning disability, aged 7 to 12 (95 - 144 months). The range of intellectual abilities, measured by Wisc, is scaled from IQ 54 to IQ 84. All of the participants lived with their own families and attended either regular or special schools in Zagreb. Seven children had parents with lower educational background, five children had parents with secondary school qualification and one child had parents with college education.

Another criterion in choosing the participants was the existence of forms of behaviour disorders related to emotional difficulties of children.

3.2. Procedure

In the context of examination integrative group therapy was applied with the basic aim of encouraging the process of maturing. The work lasted for one school year. The participants were divided into three groups according to their age. Each group worked separately for 90 minutes once a week and had 33 seances. Group leaders were sociotherapists educated at Fritz Perls Institute in Dusseldorf.

The data were obtained in the interviews with the parents of the children involved in the therapy. The examination was carried out before the beginning of the group work and ten months later, that is, after the experimental period was over.

3.3. Measuring instrument

The intellectual aspect of social competence was measured with AAMD adaptive behaviour scale (Part I) which measures acquisition of daily life skills and habits. It includes 10 areas. The areas of Independent functioning, Physical development, Economic activity, Language development, Numbers and time, Domestic activity, Self - direction, Responsibility and Socialisation were used, while the the Working activity area was not included. (Nihira, Foster, Shellhaas and Leland, 1974)

The scale (revised 1975) was translated into Croatian. It was adapted and standardised. Finally, the measuring characteristics of the Croatian scale were established (Igrić, Fulgosi-Masnjak, 1991).

3.4. Data processing method

In order to establish the significance of the changes in acquisition of daily life skills and habits between the initial and final stage, we applied the analysis of the change of one sample described by a set of quantitative variables - the component model.

4. Results and discussion

Practical intelligence as a component of intellectual aspect of social competence manifests itself in the daily life activities, measured by the AAMD scale of adaptive behaviour, part I.

The acquisition of daily life skills and habits in the group of pupils with learning disability, who show emotional difficulties and behaviour disturbances, has been compared to the normative for the children with mental retardation of the same age (Table 1). It is visible that the pupils with learning disability, in spite of emotional difficulties and behaviour disturbances, have a very good level of acquisition of daily life skills and habits, compared to the normative for the population of the mentally retarded.

Parameters of the physical development show that the pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed, have an average level of physical development. Regarding the cognitive area the pupils observed are more communicative and more skilled in operations with numbers and time than the 90% of the population with mental retardation. They also have more developed functional skills, and so are among the 10% most independent compared to the population of the mentally retarded of the same age. These results show higher level of social responsibility. The group of pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed has more initiative and persistence that 70% of population with mental retardation and higher level of social interactions then 80%.

It must be stressed that the observed sample of children with learning disability is formed by pupils whose intellectual functioning is sub-average to that of mild mental retardation, while the normative has been formed for a population whose intellectual functioning is on the level of mild, moderate and severe mental retardation. It could be observed from the previous works (Igrić, Stančić, 1990) that the pupils with learning disability attending regular schools are more successful in the acquisition of daily life skills and habits then the pupils with learning disability in special education. Both groups were represented in normative sample.

Table 1 gives the main statistic parameters, based on which a comparison can be made between a group of pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed, aged 95 to 126 months, with pupils with mental retardation aged 97-120 months, as well as with pupils without development difficulties in two age groups 97-108 months and 109-126 months.

Regarding the pupils without development difficulties, pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed attain

majority of areas their results are up to 1 standard deviation lower that the results of children without development difficulties. The areas of the difference greater then 1 standard deviation are self-direction and economic activity.

Table 1.

Main statistic parameters AAMD, Part I for pupils with learning disability who show emotional difficulties and behaviour disturbances, their position regarding the normative for children with mental retardation and main statistic parameters for children without development difficulties.

Variables	$\bar{X}_1$	δ_1	decili	$\bar{X}_2$	δ_2	$\bar{X}_3$	δ_3
Independent functioning	86.5385	9.1535	10	92,0	8,9	92,5	11,1
Physical development	22.0769	3.8523	5	23,6	1,2	23,4	1,5
Economic activity	7.7692	2.4855	8	10,9	2,8	11,6	2,5
Language development	30.0000	4.6575	9	33,1	3,8	34,9	4,4
Numbers and time	8.7692	2.3584	9	9,3	1,9	11,1	1,7
Domestic activity	8.0769	3.3157	9	10,3	4,0	10,1	4,2
Self - direction	11.5385	2.9772	7	16,4	3,6	16,1	4,4
Responsibility	3.5385	1.0088	-	-	-	-	-
Socialisation	20.0769	2.9210	8	20,3	2,6	22	3,4

Legend

$\bar{X}_1$ arithmetic average of the results AAMD, Part I, sample of pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed, aged 95 - 126 months

δ_1 standard deviation of results AAMD, Part I sample of pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed, aged 95 - 126 months

decili position of pupils with learning disability in which emotional difficulties and behaviour disturbances have been observed, compared to the normative for children with mental retardation, aged 97 - 120 months

$\bar{X}_2$ arithmetic average of the results AAMD, Part I, sample of pupils without development difficulties, aged 97 to 108 months

δ_2 standard deviation of results AAMD, Part I, sample of pupils without development difficulties, aged 97 to 108 months

$\bar{X}_3$ arithmetic average of the results AAMD, Part I, sample of pupils without development difficulties, aged 109 to 126 months

δ_3 standard deviation of results AAMD, Part I, sample of pupils without development difficulties, aged 109 to 126 months

Still, the comparison between the same sample of pupils with learning disability and the normative sample regarding the behaviour disturbances has shown great social and personal inadaptation in the group of pupils with learning disability (Table 2). In this group, antisocial behaviour, unacceptable vocal habits, unacceptable and unusual habits and psychical disturbances are more noticeable then in the 90% of the mentally retarded. These pupils also show more often violent and destructive behaviour, rebellious behaviour, stereotyped behaviour and odd mannerisms, self-abusive behaviour, hyperactive tendencies and use of medications then 80% of the normative sample. It is also visible that these pupils are more introvert and more often show inappropriate interpersonal manners then 70% of the mentally retarded.

These pupils with learning disability who have emotional difficulties and behaviour disorders are substantially different in their personal and social adaptation from pupils without development difficulties.

Table 2.

Main statistic parameters AAMD, Part II for pupils with learning disability in whom emotional difficulties and behaviour disturbances are observed, their position regarding the normative for children with mental retardation and main statistic parameters for children without development difficulties.

Variables	X_1	δ_1	decili	X_2	δ_2	X_3	δ_3
Violent and destructive behaviour	8.3077	3.1716	8	0,8	0,4	0,9	1,7
Antisocial behaviour	11.7692	4.3528	9	1,2	2,1	3,2	3,6
Rebellious behaviour	9.5385	3.0285	8	1,0	1,7	1,8	2,9
Untrustworthy behaviour	3.1538	1.0987	8	0,2	0,7	0,6	1,4
Withdrawal	3.6923	1.4350	7	0,3	0,3	1,0	2,6
Stereotyped behaviour and odd mannerisms	2.4615	0.9295	8	0,2	0,5	0,3	0,6
Inappropriate interpersonal manners	1.0769	0.2665	7	0,1	0,3	0,1	0,4
Unacceptable vocal habits	2.7692	1.9672	9	0,1	0,2	0,3	0,6
Unacceptable or eccentric habits	4.9231	0.9970	9	0,1	0,3	0,6	1,8
Self-abusive behaviour	1.0769	0.2665	8	-	-	0,17	0,5
Hyperactive tendencies	4.4615	2.3734	8	0,4	1,0	0,4	0,7
Sexually aberrant behaviour	4.0000	-	10	-	-	0,0	0,2
Psychological disturbances	15.6154	4.6992	9	1,3	2,0	2,6	3,7
Use of medications	1.0000	-	8	0,2	0,2	-	-

According to the given data, it can be said that, although their level of personal and social adaptation is very low, these pupils have, compared to the population of the mentally retarded, developed a high level of daily life skills and habits, and compared to the pupils without development difficulties attain results that are about one standard deviation lower then the average.

The results of the research in the influence of Integrative Gestalt Therapy on reducing behaviour disorders have been reported by the authors at the First Congress of the European Association for Mental Health in Mental Retardation (Igrić, Žic, Nikolić,

1995). Apart from the changes affecting behaviour disorders, changes in the area of practical intelligence have been monitored, through results of the AAMD scale, Part I.

According to the parents estimates, pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed have, after ten months treatment on the principles of Integrative Gestalt Therapy, shown statistically significant improvement of the level 0.1 (F=10.2131, df 1=1, DF 2=13) in average values for daily life activities (Table 3).

Table 3.

The analysis of the progress of every day life skills and habits measured with the AAMD scale, Part I (component model)

Group	Arithmetic mean	Variance	df 1	df 2	F	P
E	5.6701	40.924	1	13	10.2131	.0070

Legend:

df 1 number of the degrees of freedom F Fisher's test

DF 2 number of the degrees of freedom P level of significance,

The comparison of arithmetic averages' shifts form the initial to the final state has been made for the group of pupils with learning disability in whom emotional difficulties and behaviour disturbances have been observed and who have taken part in the Integrative Gestalt Therapy.

Table 4

Structure of the function of change measured with the AAMD scale, Part I (component model)

Variables	R	D	M
Independent functioning	.9314	.7609	5.38
Physical development	.8318	.5433	.92
Economic activity	.6656	.2135	.69
Language development	.4896	.1981	3.38
Numbers and time	.2829	.0587	1.08
Domestic activity	.0800	.0233	2.08
Self - direction	-.1230	-.0540	2.77
Responsibility	-.1325	-.0189	.31
Socialisation	.6459	.1838	1.62

Legend:

R correlation between the variables and the function of change
D discriminative coefficient
M arithmetic means of the result differences

From the results (Table 4) a conclusion can be drown that the variable Independent functioning, with the greatest statistical correlation (.9314) and high discriminative

coefficient (.7609) takes greatest part in total improvement. The important contributions are also made by the variable Physical development, with the correlation of (.8318) with the function of change and the high discriminative coefficient (.5433). The results show that the variables Economic activity (.6656) and Social interaction (.6459) have a statistically relevant correlation with the function of change in acquisition of daily life skills and habits.
It is visible that, in the group taking part in Integrative Gestalt Therapy, the improvement has been determined by the increase in the variables of Independent functioning, in Physical development, primarily in regard of perception and motorical activities, in more skilful use of money and better relations with social environment. In other words, the improvement has been based on better personal independence and more successful social interaction.

In the therapeutical work with pupils with learning disability we strove to create conditions in which the children would feel safe and accepted. The interventions were directed towards the increase of body awareness, emotions, self-awareness and social-awareness. The contact with healthy, strong resources of each child was stressed, which is the premise of overcoming the existing behaviour disorders.

The analysis of bodily functions of the children included in therapy showed a perceptive limitations and expressive inhibition. Integrative Gestalt Therapy stresses the body as the basis of human existence, as a basis of personal system. In Integrative therapy we draw a distinction between the physical body, as the physical an biological organism of the human being, and the phenomenal body, constituted by perceiving, sensing, communicating and acting, as an "engaged subject" in which all human abilities meet. The phenomenal body expresses the whole person.

A number of sessions focused on the body, as the element of the holistic "body-mind-soul-subject" system. Visual and tactile perception and oculo-motoric co-ordination i.e. body-awareness based on experiencing own body, its receptive and expressive potential were stimulated. Body is a starting point of therapy, since the entire interior structure of the personal system is based on it. With body we perceive and act; it is a basis of the finest emotional drives and the most complex perceptive, affective and cognitive processes i.e. a basis of phenomenal body. A body is a primary border between interior and exterior, a place of contact with other systems.

Paying attention to the emotional area showed that these children cannot differentiate the specific emotions and are not ready to react on them. Dosage problems are also observed. Therapy strove for the development of empathy, creativity and emotional flexibility. The perception of social situations and possible reactions to them were stimulated through stories and role-playing. Simultaneously, we worked on the environment-awareness, perception of differences and similarities between group members, between important events in their lives and between behaviours their environment considers desirable and the ones it does not.

In integrative therapy, the therapeutic changes are understood as the interconnected processes of learning; these connections are interpreted by the principle synergy (co-action). Petzold understands learning as multidimensional process simultaneously causing changes on different levels, on physical, psychical, socio-interactive and cognitive structure. There are learning methods for each level, but different methods do not exclude one another, but co-operate.

Thus in work with children with learning disability the learning was on the behaviour level, on the emotional level, where knowledge is attained trough emotional experience, as well as on the intellectual level, where it is attained trough insight (i. e. ideas and rules). Integrative Gestalt therapy influences a person's totality in constant interaction with other systems, so that interventions directed toward emotional reactions influence affective area, but also behaviour and intellectual areas.

Stimulating body awareness through experiencing one's own body, its functions and limitations, receptive and expressive potential, the development of practical intelligence were also stimulated in the group work. especially regarding independence, physical development, described through perceptive and motorical ability, communication and socialisation. It is therefore hardly surprising that the increased independence in the independent functioning, which includes, among other, feeding, caring for hygiene and dressing, is connected with physical development. The sensitivity and expression exercises stimulated body-awareness through the positive body experiences, which helped children's increased attention toward themselves, toward their bodies.

Simultaneously, own identity was developing, based on the which the children create relations with their environment, which reflected on social interaction. For pupils with learning disability, who mostly experienced rejection by their peers, the therapeutical group become a place of developing the experience of acceptance, trust and security, a place where their feelings were accepted with respect and understanding. It is probable that this experience brought increased self-respect and self-security, based on which they were more ready for co-operation, thoughtfulness toward others, awareness of others, participation in group activities, which are all elements of social interaction.

5. Conclusion

This work shows that the level of practical intelligence reflected in acquisition of daily life skills and habits in the group of pupils with learning disability and behavioural disorders is high in compareson with the normative for the mentally retarded, but lower compared to the average population.

After 10 months period of application of Integrative Gestalt therapy, statistically significant improvement was found, which agrees with the acceptance of the research hypothesis. The described function of change is determined by the increase of independence, perceptive and motoric ability, more skilful money-usage and more successful social interaction.

Although primarily focused on elimination and relief of behaviour disorders in pupils with learning disability, Integrative Gestalt therapy has proved to be efficient in stimulating development of practical intelligence. This shows the complexity of the effects of Integrative Gestalt therapy which takes person as a whole, and the changes induced reflect with different intensity on all areas of human functioning.

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